

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/937776	FILING DATE 12 OCT 2001
							APPLICANT(S) <i>Kaplan</i>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			/				51	
2			/				52	
3			/				53	
4			/				54	
5			/				55	
6			/				56	
7			/				57	
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45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			/				TOTAL IND.	
TOTAL DEP.			14				TOTAL DEP.	
TOTAL CLAIMS			15				TOTAL CLAIMS	